Methamphetamine Subcommittee Recommendation

June 28, 2022

It is recommended there be increased invest in mobile outreach van units in each regional health district for the purpose of responding to substance use crises as mental health issues and for delivering harm reduction, overdose prevention, and related medical services.

Rationale for this recommendation:

Many potential clients who use substances live in rural and frontier areas. Taking services into communities via mobile outreach van increases access to services and makes that access more convenient (Yu SWY, et al, 2020). Mobility allows services to be taken where there is need. Mobile units may be able to respond to urgent client needs.

Evidence has shown a decrease in substance use and increased participation in treatment services (Krawczyk N, et al, 2019) in individuals who have access to services and support to meet their healthcare needs. A mobile healthcare option will increase participation in services (Ibragimov, U, et al, 2021) addressing multiple healthcare needs and access those who have experience in treating those with a stimulant use disorder (Regis, et al, 2020). A mobile unit has the potential to reduce loss to follow-up by delivering treatment options to patients who may have barriers such as lack of transportation, healthcare knowledge or insurance, financial strain, and limited social support (Fine DR, et al, 2020). Addressing these barriers will increase client engagement and treatment completion (Regis C, et al, 2020).

According to the 2016 SAMHSA CBHSQ Report (National Survey on Drug Use and Health) 8.1 percent of Americans aged 12 or older (21.7 million) needed substance use treatment services in 2015 and only 0.87 percent received services at a specialized facility. Among the remaining 7.2 percent who were classified as needing but not receiving treatment services, 95.4 percent (6.9 percent of the 7.2 percent) did not think they needed treatment. This demonstrates the role mobile outreach plays in keeping individuals who are uninterested or unable to access treatment services safer, while simplifying access and providing assistance to those who are seeking help to navigate the limited resources available in many communities.

The purpose of this recommendation is to:

- To provide a service to the community that will increase engagement and completion of substance use treatment to reduce the morbidity and mortality associated with continued substance use in New Mexico.
- Develop a mobile treatment network that delivers services to individuals in need of treatment for substance use disorders.
- Services may be delivered with more flexibility in time and place, while areas not currently covered by existing services may gain access.
- Service areas may be adapted to meet changing conditions in NM communities.
- Urgent issues can be assessed in the field where scheduling and staff permit.

Features of this proposed recommendation include:

- Vans may be scheduled regularly, used in support of certain events, or in combination with other relevant services, such as wound care or vaccines.
- Some communities and individuals may prefer mobile services over fixed sites or offices.
- This mobile outreach unit will assess care needs and provide evidence-based treatment services to individuals in the community
- This unit will offer peer services support, professional counseling services, and medication assisted treatment. Peer services and professional counseling can be completed via telehealth options or in person depending on the staff available at the time. Medication assisted treatment can include naltrexone combined with bupropion as well as other medical and prescription needs to improve health.
- Staff may include outreach workers, harm reduction specialists, mental health counselors, or appropriate medical staff when needed.
- Unit staff will be able to provide education to clients that can improve health such as sexual health and mental health, and make valuable connections including other substance use treatment options, community partners that provide job solutions and housing needs, along with other useful and necessary connections which can improve the long-term recovery process from a substance use disorder.

References

Prevention

Yu SWY, Hill C, Ricks ML, Bennet J and Oriol NE. (2017) **The scope and impact of mobile health clinics in the United States: A literature review**. *International Journal for Equity in Health* 16:178

- Cites multiple studies showing Mobile Health Clinics (MHCs) reduce barriers to healthcare access, notes that MHCs integrate services across all of CDC's "3 buckets of prevention" (traditional clinical, innovative extended care outside clinics, total population/community wide interventions) and can address disparities. Also includes limitations (potential fragmentation of care, financing, spatial constraints, & logistical challenges).

Harm Reduction (HR)

Regis C, Gaeta JM, Mackin S, et al. (2020) **Community Care in Reach: Mobilizing Harm Reduction and Addiction Treatment Services for Vulnerable Populations**. Frontiers in Public Health 8:501

- Partnership between Massachusetts General Hospital (MGH) & Boston Health Care for the Homeless program, including HR and treatment (buprenorphine, naltrexone, referrals for methadone). Results of initial evaluation (reach and accessibility) from 2018-2020 note challenges including loss to follow-up, sustainability (funding) and "bridging patients to office-based addiction treatment programs where they do not have existing relationships." Advantages include acceptability to clients & flexibility to address emerging community needs.

Fine DR, Weinstock K, Plakas I, et al. (2021) **Experience with a Mobile Addiction Program among People Experiencing Homelessness**. *Journal of Healthcare for the Poor and Underserved* 32(3): 1145-1154

- Same MGH-affiliated program regularly providing HR & access to treatment (buprenorphine) at 4 Boston hotspots for opioid overdose with "limited brick-and-mortar addiction services." Survey results emphasized importance of non-judgmental care & tangible services (e.g. food) to build connection and trust. Authors suggest mobile units should not just be considered a stopgap or link to fixed locations.

Ibragimov, U., Cooper, K.E., Batty, E. *et al.* (2021). Factors that influence enrollment in syringe services programs in rural areas: a qualitative study among program clients in Appalachian Kentucky. *Harm Reduct J* **18,** 68 https://doi.org/10.1186/s12954-021-00518-z

- Opening SSP services in areas of high stigma in rural areas increased participation in harm reduction services and reduced transmission of HCV and HIV. Mobile services were determined to increase access to low threshold recovery services.

Treatment

O'Gurek DT, Jatres J, Gibbs J, Lathan I, Udegbe B, and Reeves K. (2021) **Expanding buprenorphine treatment to people experiencing homelessness through a mobile, multidisciplinary program in an urban, underserved setting**. *Journal of Substance Abuse Treatment* 127: 108342

- Low barrier, trauma-informed program in Philadelphia including peers & counseling. ACES assessment at intake, mean score 4.6. Over 6 months, 147 clients received care, 37% retained in care at 3 months.

Krawczyk N, Buresh M, Gordon MS, et al. (2019**) Expanding low-threshold buprenorphine to justice-involved individuals through mobile treatment: Addressing a critical care gap**. *Journal of Substance Abuse Treatment* 103:1-8

- Low-threshold buprenorphine treatment in a mobile van outside Baltimore City Jail, taking both referrals from jail staff & walk-ins. 220 clients served in 1 year, 190 began taking buprenorphine/naloxone, 32% still in treatment at 30 days. Barriers this program sought to address included lack of photo ID, unstable housing, lack of insurance, logistics, trauma & stigma.